

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000095541**

1. Corporation Name

R G MARKETING, INC.

Principal Place of Business

100 E LINTON BLVD
270 B
DELRAY BEACH FL 33483

Mailing Address

100 E LINTON BLVD
270 B
DELRAY BEACH FL 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1998

5. FEI Number

65-0875447

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GARCIA, ROBERT	100E LINTON BLVD STE 210B	DELRAY BEACH FL 33483

8. Name and Address of Current Registered Agent

GARCIA, ROBERT
100 E LINTON BLVD STE 210B
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Robert Garcia

REGISTERED AGENT MUST SIGN

Date 10-9-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Robert Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT GARCIA

10-9-03

Date

561-330-8214

Daytime Phone #

CR2E040 (7/03)



TO: F.D. OF STATE

I DID NOT RECEIVE THE PREVIOUS
STATEMENTS. I BELIEVE IN MY
HUMBLE OPINION THAT THE PAPERWORK
WAS & HAS BEEN SENT TO THE
WRONG ADDRESS (SEE OTHER PAGE).
I AM TOLD BY PHONE OPERATOR TO
SEND \$150.00 FOR RE-INSTATEMENT.
I AM FOLLOWING THOSE DIRECTIONS &
HOPE TO SEE THE CORRECTED ADDRESS
ON FUTURE APPLICATIONS.

THANK YOU
ROBERT
GARCIA
PRESIDENT